L14000030372

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



000283907630

04/04/16--01007--021 **25.00 .

FILED

16 APR -4 AH 9: 34

SECRETATION STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section
Division of Corporations

SURJECT

GAD CAPITAL LOFT LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUY SHARON

(Name of Person)

GAD CAPITAL LOFT LLC

(Firm/Company)

20900 NE 30TH AVE #514

(Address)

AVENTURA, FL, 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

GUY SHARON

.,786

406-1769

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION . FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability compan GAD CAPITAL LOFT LLC	y is	·
2. The Articles of Organization were filed	d on and	d assigned
document number L14000030372		
(effective date carifol b	ion if not effective on the date of filing: 4/1 be prior to or more than 90 days later than date documes not meet the applicable statutory filing require the Department of State's records.	nent is received for ming)
4. A description of occurrence that results	ed in the limited liability company's dissolu	ution pursuant-to section
605.0707, Florida Statutes, (copy 605.0 company not exit anymore	7/07 on back cover letter).	全色 第
		2 1 2
		ORI 9
		
5. If there are no members, enter the name activities and affairs:	e and address of the person appointed to w	ind up the company's
6. Signature of an authorized person or if listed above to wind up the company's act	there are no members, the signature of the ivities and affairs:	person appointed and
	GUY SHARON	
Signature	Printed Nar	ne .

FILING FEE: \$25.00